MANAWA COMMUNITY NURSING CENTER, INC.

400 EAST 4TH

Ownership: Phone: (920) 596-2566 Corporation MANAWA 54949 Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? Number of Beds Set Up and Staffed (12/31/02): Title 18 (Medicare) Certified? 57 Total Licensed Bed Capacity (12/31/02): 63 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/02: 50 Average Daily Census: 52

			Length of Stay (12/31/02)	િ					
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis			%	•	26.0 42.0		
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	6.0	More Than 4 Years	32.0		
Day Services	No	Mental Illness (Org./Psy)	8.0	65 - 74	10.0				
Respite Care	Yes	Mental Illness (Other)	4.0	75 - 84	36.0		100.0		
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	38.0	********	*****		
Adult Day Health Care No		Para-, Quadra-, Hemiplegic	0.0	95 & Over	10.0	Full-Time Equivalent			
Congregate Meals Yes		s Cancer				Nursing Staff per 100 Res	Nursing Staff per 100 Residents		
Home Delivered Meals No		Fractures	4.0		100.0	(12/31/02)			
Other Meals	No	Cardiovascular	42.0	65 & Over	94.0				
Transportation	No	Cerebrovascular	12.0			RNs	11.5		
Referral Service	No	Diabetes	8.0	Sex	용	LPNs			
Other Services	No	Respiratory	2.0			Nursing Assistants,			
Provide Day Programming for	I	Other Medical Conditions	20.0	Male	24.0	Aides, & Orderlies	28.1		
Mentally Ill	No			Female	76.0				
Provide Day Programming for			100.0						
Developmentally Disabled	Yes				100.0				

Method of Reimbursement

		edicare			edicaid itle 19			Other		1	Private Pay	:		amily Care			anaged Care			
Level of Care	No.	olo	Per Diem (\$)	No.	Ŷ	Per Diem (\$)	No.	%	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	0/0	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	2	100.0	295	39	97.5	104	0	0.0	0	7	87.5	116	0	0.0	0	0	0.0	0	48	96.0
Intermediate				1	2.5	86	0	0.0	0	1	12.5	116	0	0.0	0	0	0.0	0	2	4.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	2	100.0		40	100.0		0	0.0		8	100.0		0	0.0		0	0.0		50	100.0

MANAWA COMMUNITY NURSING CENTER, INC.

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Admissions, Discharges, and		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02											
Deaths During Reporting Period													
					% Needing		Total						
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of						
Private Home/No Home Health	13.3	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents						
Private Home/With Home Health	0.0	Bathing	0.0		90.0	10.0	50						
Other Nursing Homes	0.0	Dressing	18.0		68.0	14.0	50						
Acute Care Hospitals	77.8	Transferring	26.0		64.0	10.0	50						
Psych. HospMR/DD Facilities	0.0	Toilet Use	26.0		64.0	10.0	50						
Rehabilitation Hospitals	0.0	Eating	86.0		6.0	8.0	50						
Other Locations	8.9	* * * * * * * * * * * * * * * * * * *	*****	*****	*****	******	*****						
Total Number of Admissions	45	Continence		8	Special Treat	ments	8						
Percent Discharges To:		Indwelling Or Extern	al Catheter	6.0	Receiving R	espiratory Care	16.0						
Private Home/No Home Health	35.6	Occ/Freq. Incontinen	t of Bladder	48.0	Receiving T	racheostomy Care	0.0						
Private Home/With Home Health	0.0	Occ/Freq. Incontinen	t of Bowel	22.0	Receiving S	uctioning	2.0						
Other Nursing Homes	11.1				Receiving O	stomy Care	2.0						
Acute Care Hospitals	13.3	Mobility			Receiving T	ube Feeding	0.0						
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	2.0	Receiving M	echanically Altered Diet:	s 14.0						
Rehabilitation Hospitals	2.2												
Other Locations	4.4	Skin Care			Other Residen	t Characteristics							
Deaths	33.3	With Pressure Sores		6.0	Have Advance	e Directives	88.0						
Total Number of Discharges		With Rashes		0.0	Medications								
(Including Deaths)	45	I			Receiving P	sychoactive Drugs	44.0						
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Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

		Owne	ership:	Bed	Size:	Lic	ensure:				
	This	This Proprietary			-99	Ski	lled	Al	1		
	Facility	Facility Peer Group		Peer	Group	Peer Group		Faci	lities		
	ଚ୍ଚ	ଚ	Ratio	양	Ratio	엉	Ratio	용	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	81.9	85.1	0.96	88.5	0.93	86.7	0.94	85.1	0.96		
Current Residents from In-County	94.0	75.4	1.25	72.5	1.30	69.3	1.36	76.6	1.23		
Admissions from In-County, Still Residing	26.7	20.1	1.33	19.5	1.37	22.5	1.19	20.3	1.31		
Admissions/Average Daily Census	86.5	138.3	0.63	125.4	0.69	102.9	0.84	133.4	0.65		
Discharges/Average Daily Census	86.5	139.7	0.62	127.2	0.68	105.2	0.82	135.3	0.64		
Discharges To Private Residence/Average Daily Census	30.8	57.6	0.53	50.7	0.61	40.9	0.75	56.6	0.54		
Residents Receiving Skilled Care	96.0	94.3	1.02	92.9	1.03	91.6	1.05	86.3	1.11		
Residents Aged 65 and Older	94.0	95.0	0.99	94.8	0.99	93.6	1.00	87.7	1.07		
Title 19 (Medicaid) Funded Residents	80.0	64.9	1.23	66.8	1.20	69.0	1.16	67.5	1.19		
Private Pay Funded Residents	16.0	20.4	0.78	22.7	0.71	21.2	0.75	21.0	0.76		
Developmentally Disabled Residents	0.0	0.8	0.00	0.6	0.00	0.6	0.00	7.1	0.00		
Mentally Ill Residents	12.0	30.3	0.40	36.5	0.33	37.8	0.32	33.3	0.36		
General Medical Service Residents	20.0	23.6	0.85	21.6	0.93	22.3	0.90	20.5	0.98		
Impaired ADL (Mean)	40.0	48.6	0.82	48.0	0.83	47.5	0.84	49.3	0.81		
Psychological Problems	44.0	55.2	0.80	59.4	0.74	56.9	0.77	54.0	0.81		
Nursing Care Required (Mean)	5.0	6.6	0.75	6.3	0.80	6.8	0.73	7.2	0.69		